NO. 3710

TO: ISSUE FEE
Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee politications.

matriciance tee nonneadons.							T	
CURRENT CORRESPONDENCE ADDRESS (Note	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
· 27777 7590	04/06/2007		1010					
RHILIP S. JOHNSON	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an enveloy addressed to the Mail Stop ISSUE FEE address above, or being facsimi transmitted to the USPTO (571) 273-2885, on the date indicated below.							
JOHNSON & JOHNSON		/_	"	States	Postal Service with su	ifficient postage for fire	t class ma	il in an envelope
ONE JOHNSON & JOHNSON	J PT.A 7.A	と	UN 2 E	MARKET	ssed to the Mail Stop nitted to the USPTO (5	71) 273-2885, on the d	above, or ale indicat	ed below.
ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003			UN 25 2007 X	CHRISTINE CUFFE		(Depositor's name)		
· ·		12	ا بيني ا					(Signature)
			JUNI		INE , 2007		(Date)	
Application no. Filing	FILING DATE		FIRST NAMED INVENT	ror	DR ATTORNEY DOCKET NO		CONFIRMATION NO.	
10/823,862 04/14/	2 04/14/2004		David William End		JAD-1626-DIV-5-		6191	
TITLE OF INVENTION: METHOD OF USE OF (IMIDAZOL-5-YL)METHYL-2-QUINOLINONE DERIVATIVES TO INHIBIT SMOOTH MUSCLE CELL PROLIFERATION ABOUTH MUSCLE								
APPLN. TYPE SMALL ENTIT	Y IS	SUE FEE DUE	PUBLICATION FEE DO	OE .	PREV, PAJO ISSUE FEE	TOTAL PEE(S) DUE	Г	DATE DUE
nonprovisional NO		\$1400	\$300		\$0	\$1700		07/06/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			1GEBREH2 00000179	100750 10823862	
KWON, BRIAN YONG S 1		1614	514-312000		01 FC:1501	1400.00 DA	-	
1. Change of correspondence address or in CFR 1.363).	2. For printing on the patent front page, list							
Change of correspondence address ((1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
Address form PTO/SB/122) attached.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be pointed.							
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.								
3. ASSIGNEE NAME AND RESIDENCE	DATA TO B	E PRINTED ON	THE PATENT (print or	r type	:>	•		
PLEASE NOTE: Unless an assignee i recordation as set forth in 37 CFR 3.11.						identified below, the d	ocument b	as been filed for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY) RECORDED DATE: 03/98/2000 REEL/FRAME: 010681/0865					
JANSSEN PHARMACEUTIC	B-2340-BEERSE, BELGIUM							
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government								
4a. The following fee(s) are submitted:	b. Payment of Fcc(s): (I	ayment of Fcc(s): (Please first reapply any previously paid issue fee shown above)						
🖾 Issue Fee	A check is enclosed.							
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10,0550 (enclose an extra copy of this form).							
5. Change in Entity Status (from status in	dicated above	c)						
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.								
NOTE: The Issue Fee and Publication Fcc interest as shown by the records of the Uni	(if required) ted States Pat	will not be accepte ent and Trademark	d from anyone other the Office.	an the			ne assignoc	or other party in
Authorized Signature	Date 25 2007							
Typed or printed name	Registration No640							
This collection of information is required an application. Confidentiality is governous submitting the completed application for this form and/or suggestions for reducing Box 1450, Alexandria, Virginia 22313-14. Alexandria, Virginia 22315-1450. Under the Paperwork Reduction Act of 19								SPTO to process) g, preparing, and wire to complete Commerce, P.O. i, P.O. Box 1450,